

Today, different governmental and private organizations and agencies in the state offer a patchwork quilt of suicide prevention and intervention services, but this quilt has many holes. Some services are targeted to specific populations, while others are more broadly available. People who are in the midst of a crisis do not always know where to turn to obtain the services that are available. Further, even when services are available, they are not always well coordinated, and treatment professionals do not always communicate suicide risk or ideation to other professionals. Some providers employ evidence-based or other best practices, while others do not. The system does not always ensure appropriate transitional care, as people move from one provider to another. Further, we lack a statewide plan—or vision—for how to effectively use existing state and local resources to ensure that we effectively target this critical public health issue.

**This plan focuses on the role that the state Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), Division of Medical Assistance (DMA), Local Management Entities/Managed Care Organizations (LME/MCOs), and their contracted providers can play to help reduce the number of people who contemplate, attempt, or die by suicide.** As noted in Chapter 2, 63% of the females, and 36.7% of the males who died by suicide in North Carolina (2004-2008) were in current treatment for a mental illness at the time of their death.<sup>7</sup> While 42.9% of all North Carolinians who died by suicide were in current treatment during that time period, and 47.5% had indications of current mental health illness (66.8% females, 41.6% males), this is likely to be an underreporting of all the extent of mental health or substance use disorders among people who die by suicide. The National Institute of Mental Health suggests that approximately 90% of suicides are associated with some form of mental illness.<sup>8</sup> Thus, focusing on the state and local mental health system is critical. Yet effectively reducing the number of suicide attempts and deaths will require new and strengthened partnerships across agencies. Ultimately we need to create a statewide plan that includes all the state and community partners involved in suicide prevention, early intervention, crisis services, treatment, recovery supports, and postvention services.

## Recommendation 1: Create a Statewide Suicide Prevention and Intervention Plan

**The North Carolina Department of Health and Human Services should convene a broader task force to develop a statewide plan for suicide prevention, early intervention, crisis services, treatment, recovery supports, and postvention services. The group should include, but not be limited to, representatives from: the North Carolina Division of Medical Assistance, North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, North Carolina Division of Public Health, North Carolina Division of Social Services, North Carolina Division of Aging and Adult Services, North Carolina Division of Health Service Regulation, North Carolina Department of Public Instruction, North Carolina Community**